

Certification Package Checklist

Complete and send with COMPLETE package to ADE.

ADE WILL RETURN ANY PACKAGE IF ANY FIELDS ARE MISSING.

CTD#: _____ SFA: _____

Representative attended Certification Training: _____ Date attended: _____

Choose Package A or B and check off each item that is submitted to ADE

Package A

Part I. Lunch – Option 1

- ☐ Itemized Summary for Option 1
- ☐ One Week Menu for Each Menu Type
- ☐ Lunch Menu Worksheet for Each Menu Type
- ☐ Nutrient Analysis for Each Menu Type

Part II. Breakfast

- ☐ Itemized Summary for Breakfast
- ☐ One Week Menu for Each Menu Type
- ☐ Breakfast Menu Worksheet for Each Menu Type
(Enhanced, Traditional, New Meal Pattern only)
- ☐ Nutrient Analysis for Each Menu Type
(Nutrient Standard/ Assisted Nutrient Standard only)

Part III. Local Wellness Policy (choose one)

- ☐ Updated for School Year 2012-2013
- ☐ Only have Local Wellness Policy from previous year(s)
- ☐ Do not have a Local Wellness Policy (any year)

Part IV. Attestation

- ☐ Signed by Authorizing Signature

Package B

Part I. Lunch – Option 2

- ☐ Itemized Summary for Option 2
- ☐ One Week Menu for Each Menu Type
- ☐ Lunch Menu Worksheet for Each Menu Type
- ☐ Simplified Nutrient Assessment for Each Menu Type

Part II. Breakfast

- ☐ Itemized Summary for Breakfast
- ☐ One Week Menu for Each Menu Type
- ☐ Breakfast Menu Worksheet for Each Menu Type
(Enhanced, Traditional, New Meal Pattern only)
- ☐ Nutrient Analysis for Each Menu Type
(Nutrient Standard/ Assisted Nutrient Standard only)

Part III. Local Wellness Policy (choose one)

- ☐ Updated for School Year 2012-2013
- ☐ Only have Local Wellness Policy from previous year(s)
- ☐ Do not have a Local Wellness Policy (any year)

Part IV. Attestation

- ☐ Signed by Authorizing Signature